

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL:: 587-0460 FAX: 587-0470

RECEIVED



LOBBYIST REGISTRATION FORM

(See back of this form for instructions) *(13 JAN 31 A9:45

PART I LOBBYIST	(Type of F	nnt Clearly)			
NAME(Last)	(First)		MICHIA TE ETHICS OF TELEPHONE		
MORRIS	GEORGE	A. 'RED			
MAILING ADDRESS (Str	reet)	(City)		(808) 531-4551	
222 S. VINEYARD S	TREET, SUITE #401	HONOLULU	(State) H I	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE					
G. A. MORRIS, INC.		romess autifith Mulicu USS 060	en retained to lobb		
MAILING ADDRESS (Str	99t)			(808)531-4551	
222 S. VINEYARD ST	•	(City) HONOLULU	(State)	(Zip Code)	
	77	HONOLULU	HI	96813	
PART II ORGANIZATION					
NAME OF ORGANIZATION Y	OU LOBBY FOR (Do not abbreviate)			TELEPHONE	
HAWAII HOTEL ASSOC	IATION			(808) 923-0407	
	9et)	(City)	(State)	(Zip Code)	
2250 KALAKAUA AVEN	UE, SUITE #404-4, HONOLULU,	HI 96815	(0.0.0)	(Zip Code)	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT TELEPHONE					
MELODY T. BUTAY	· · · · · · · · · · · · · · · · · · ·	NA 2 EXCERDITURES STATE	EMENI	TELEPHONE	
MAILING ADDRESS (Str	eot)			(808) 531-4551	
(0	., STE. 401, HONOLULU, HI 9	(City)	(State)	(Zip Code)	
ZZZ 3. VINCIAND 31	., 31L. 401, HUNULULU, HI 9	0813-2453			
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
			LOBBI		
Agriculture	Education	Human Services	§	cience, Technology & conomic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmentai		ourism & Recreation	
Consumer Protection a	Hawailan Affairs	Labor & Employme		ransportaion	
Culture, Arts, Historic Preservation	- Health	Planning, Land & V Use Management	Vater O	ther: (Indicate below)	
Ecology, Energy, Environmental Protecti	Housing On	Public Safety & Co	rrections		
**					
PART IV CERRIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Ch					
	(Signature of Lobbyist)		(Date)	
PART V ALITHORIZA	ATION TO LORBY				
PART V AUTHORIZA	ATION TO LOBBY	TITLE OF AUTHORIZING	OFFICER OR PE	SON REPRESENTED	
MURRAY TOWILL		PRESIDENT			
NAME OF ORGANIZATION (If	applicable)		DENT	TELEPHONE	
HAWAII HOTEL ASSOCIATION				(808) 923-0407	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
SAME AS ABOVE		- **	, ,	, , , , , , , , , , , , , , , , , , , ,	
I hereby authorize the above—named person to engage in lobbying activities on behalf of the undersigned.					
Man	~ (:	1/9/0	2	
1 Clarest van	Authoriting Officer or Person Pensone	ladi	////Data		

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